

Name
in
Full

CERTIFICATE OF DEATH

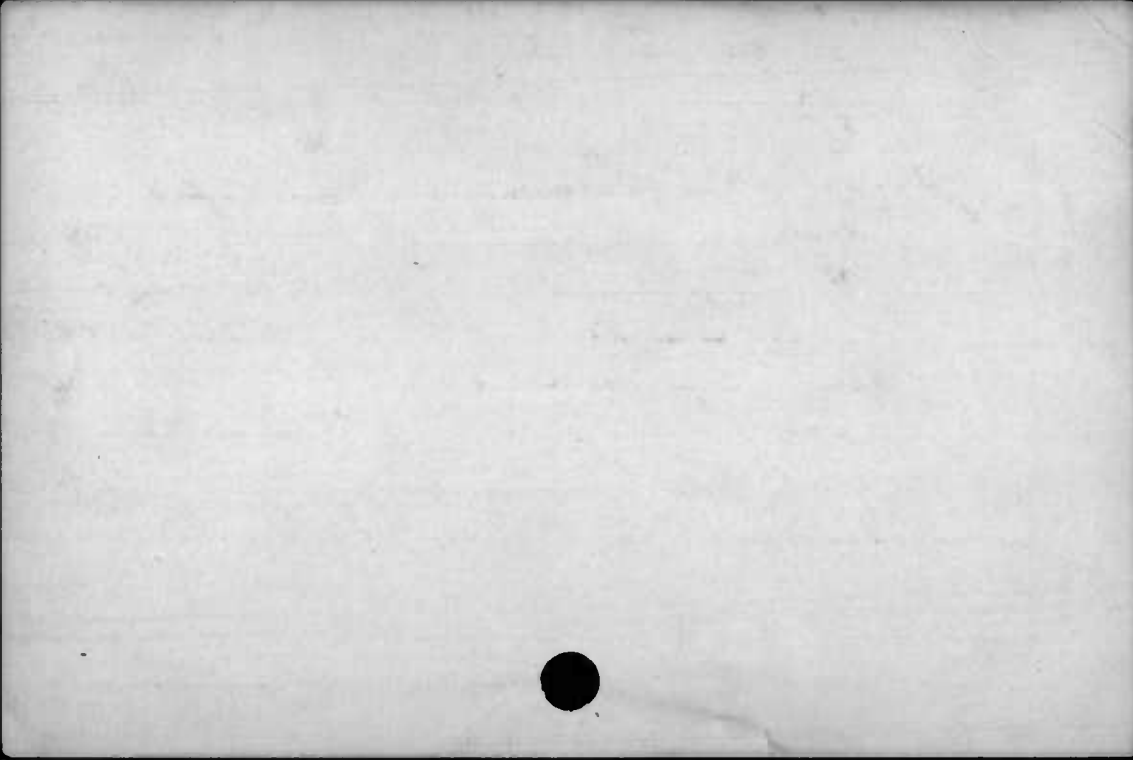
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Benjamin J. Bell.</i> ✓		Town <i>Taylor's Island</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Taylor's Island</i>		Month <i>Nov.</i>		Day <i>16</i>		Years <i>74</i>	
Date of death <i>1903</i>		Months <i>10</i>		Days <i>25</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Farming</i>				Where Residing if not at place of death <i>Taylor's Island</i>			
<input checked="" type="checkbox"/> Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>John G. Bell</i>					
Father's Name <i>John G. Bell</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary Navy.</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Taboth Blacum</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Aortic Regurgitation</i>		How long	
Immediate <i>Loss of Compensation</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jos. R. Shriver, Jr.</i>	
		Address <i>Taylor's Island</i>	
Accident or Suicide? <i>No</i>		<i>Gov. Co. Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

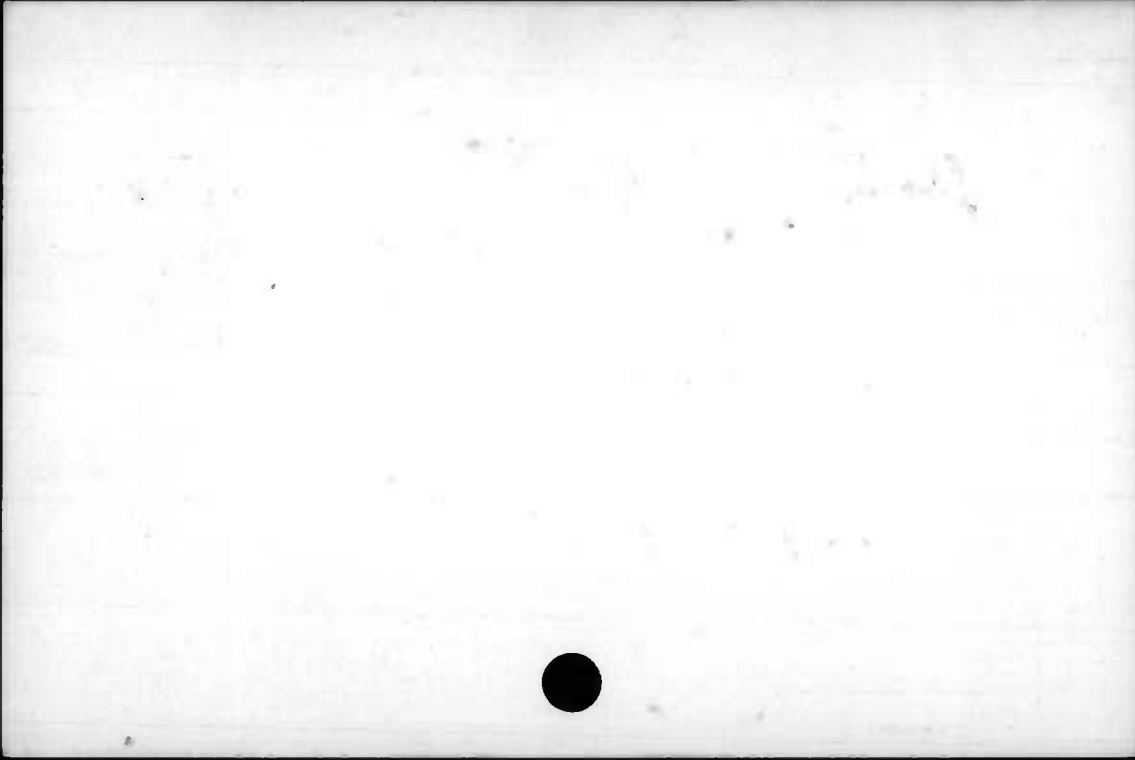
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm. Chinton Foxsoll</i>		Town <i>Laurel</i>		County <i>Horchester</i>		MARYLAND	
Died at <i>Laurel</i>		Date of death 190 <i>3</i>		Month <i>Nov</i>		Day <i>25</i>	
Age <i>6</i>		Years <i>1</i>		Months <i>6</i>		Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>F. H. Foxsoll</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Sally Jones Foxsoll</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Sally J. Foxsoll</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>		How long <i>1 month</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. A. Jones</i>	
		Address <i>Laurel Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barf</i>		County <i>Honolulu</i>		MARYLAND	
Date of death 190	3	Month	14	Day	Age 35
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Married, Single or Widowed	<i>Unknown</i>		Occupation	<i>Cyber dredger</i>	
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Strangling</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician
		Address
Accident or suicide?	<i>Yes. Inquest</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Creek</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Nov.</i>	Day <i>16</i>	Years <i>45</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Mo.</i>		
Married, Single or Widowed			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Wm. Henry</i>					
Father's Name <i>Jacob Harriot</i>			Father's Birthplace <i>Dor Co</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>" - "</i>		
Name of person giving information <i>William Henry</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long <i>4 1/2</i>
Immediate		How long <i>weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. F. Maguire M.D.</i>
		Address <i>Church Creek Mo.</i>
Accident or Suicide?		



Name
in
Full

Charles Hurst ✓

CERTIFICATE OF DEATH

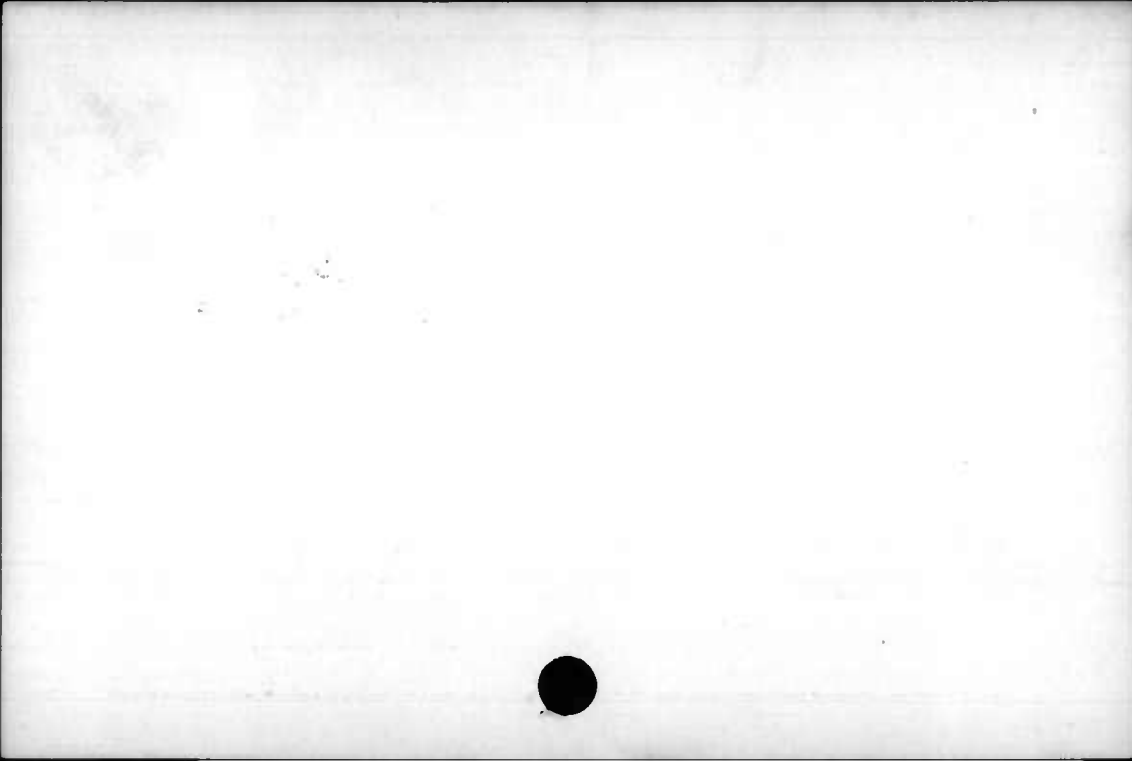
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Nov</u>	Day <u>9</u>	Age <u>32</u> Years	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Dorchester Co Md</u>		
Married, <u>Single</u> or <u>Widowed</u>			Occupation <u>farmer</u>		
Name of Wife or Husband <u>Amanda Dukes</u>					
Father's Name <u>Wm Hurst</u>			Father's Birthplace <u>Dor Co Md</u>		
Mother's Maiden Name <u>Rhody Wheatley</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving information <u>Mrs G. C. Symons</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Appendicitis</u>	How long <u>Several years</u>
Immediate <u>uraemia</u>	How long <u>a few weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. G. L. L. L. L.</u>
	Address <u>Cambridge, Md</u>
Accident or Suicide?	



Mrs. Nancy Grace

Town

County

Died at

Aireys Dorchester

MARYLAND

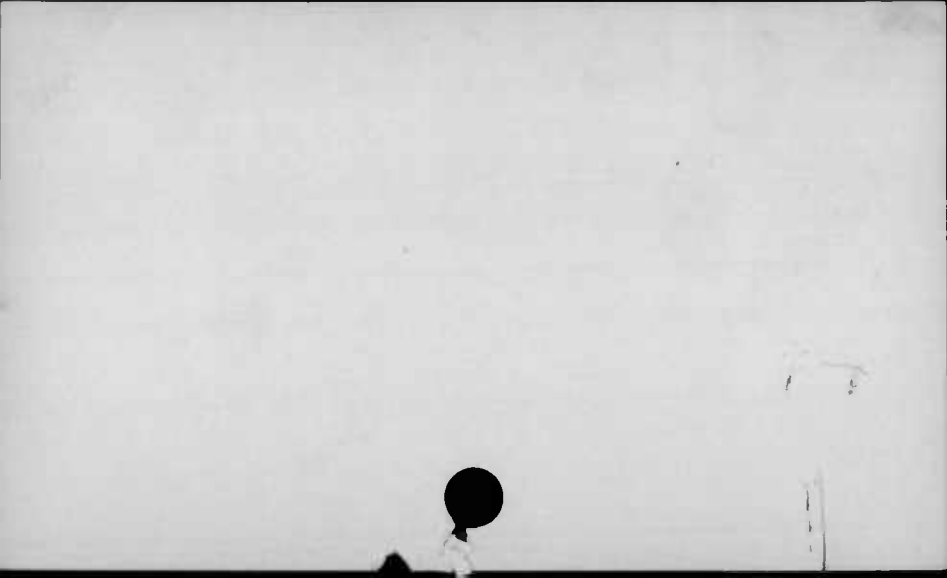
Date 1891/1903 Nov 7 Y. M. D. Native of Md. Occupation Housekeeper
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 4

Husband of Solomon Wacer
 Wife
 Father's Name Charles Wacsh Mother's Name Cornefort Wacsh

Cause of Primary Consumption How long sick 5 weeks

Death Immediate Accident, Suicide, Homicide

Reported by Henrietta Johnson
 Address Aireys Dor. Md.



Name in Full

Certificate of Death

Daniel Merrick ✓

Died at ^{Town} *Woods Grove* ^{County} *Dorchester* MARYLANDDate *1905* ^{Month} *11* ^{Day} *19* ^{Y.} *05* ^{M.} *05* ^{D.} *05* ^{Native of} *Ind -* ^{Occupation} *farmer*Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐ Number of children living *1*Husband of *52*
WifeFather's Name *Not Known* Mother's Name *Could not learn*Cause of ☒ Primary *Addison's Disease* How long sick *5 days*Death ☒ Immediate *Addison's Disease* Accident, Suicide, HomicideReported by *Dr. Sayers*Address *E. Newmarket*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Irene Merrick

Died at Secretary

Town

County

Dorchester

MARYLAND

Date 1903

Month

Day

11 22

Y.

M.

D.

2-6

Native of

Md -

Occupation

Baby

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

0

Husband
of

Wife

Father's

Name

William Merrick

Mother's

Name

Bertha Merrick

Cause of

Primary

Immediate

Wipkthind
Phlegmonous tonsillitis

How long sick

14 hours

Accident, Suicide, Homicide

Reported by

Dr. A. Sayers

Address

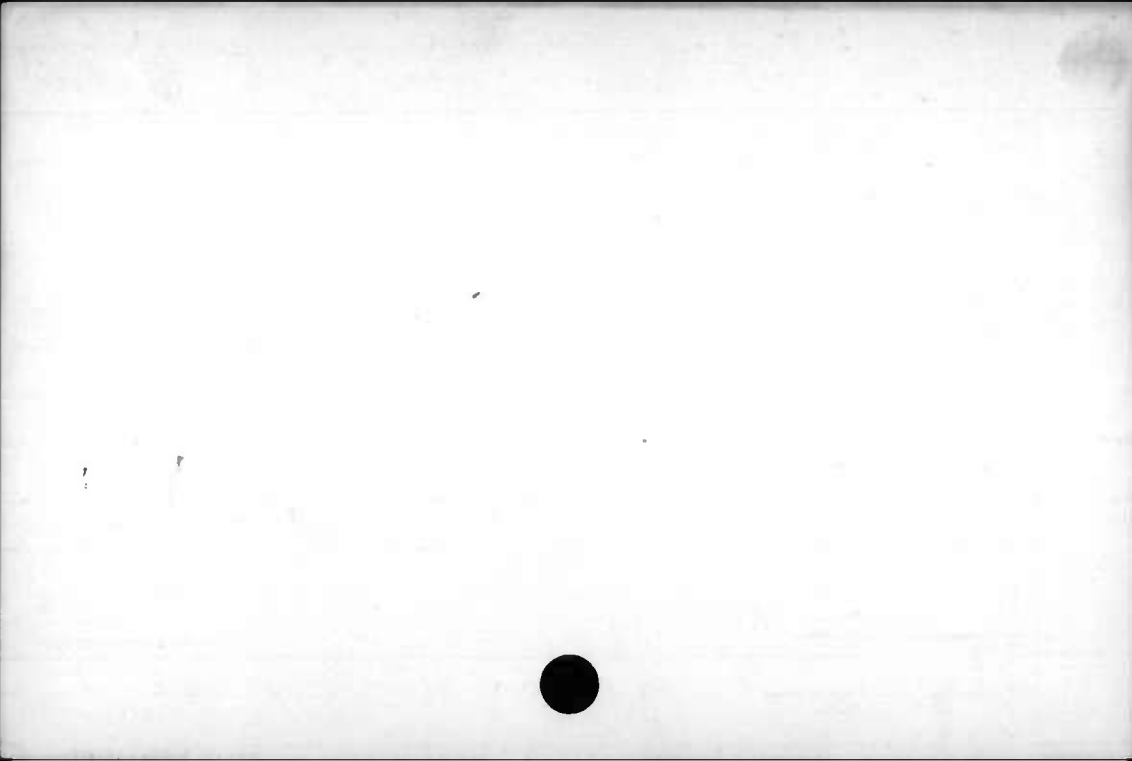
East New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full John R. Mills ✓		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Bishop's Head Town	Hochester County	
	Date of death 190 3 Month Nov Day 14 Age 150 Years		Months 1 Days 4
	Sex Male	Color or Race White	Birth-place Md
	Married, Single or Widowed —		Occupation —
	Name of Wife or Husband —		
	Father's Name John R. Mills	Father's Birthplace Md	
	Mother's Maiden Name Mary Hocker	Mother's Birthplace Md	
Name of person giving information Mary Mills		How related to deceased Mother	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Hydrocephalus		How long 1 month
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. G. P. Jones	
		Address Laurel, Md	
Accident or Suicide?			



Name
in
Full

Dulcy Ann Moore

V

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Church Creek ^{Town} Dorchester ^{County}

Date of death 1903 ^{Month} Nov. ^{Day} 29th ^{Years} 65 ^{Months} — ^{Days} —

Sex Female Color or Race Red White & Blue Birth-place —

Occupation Cripple Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Edward Moore (4) Father's Birthplace Dor. Co. Md.

Mother's Maiden Name Annie M. Todd Mother's Birthplace Dor. Co. Md.

Name of person giving Information Susan Nichols How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

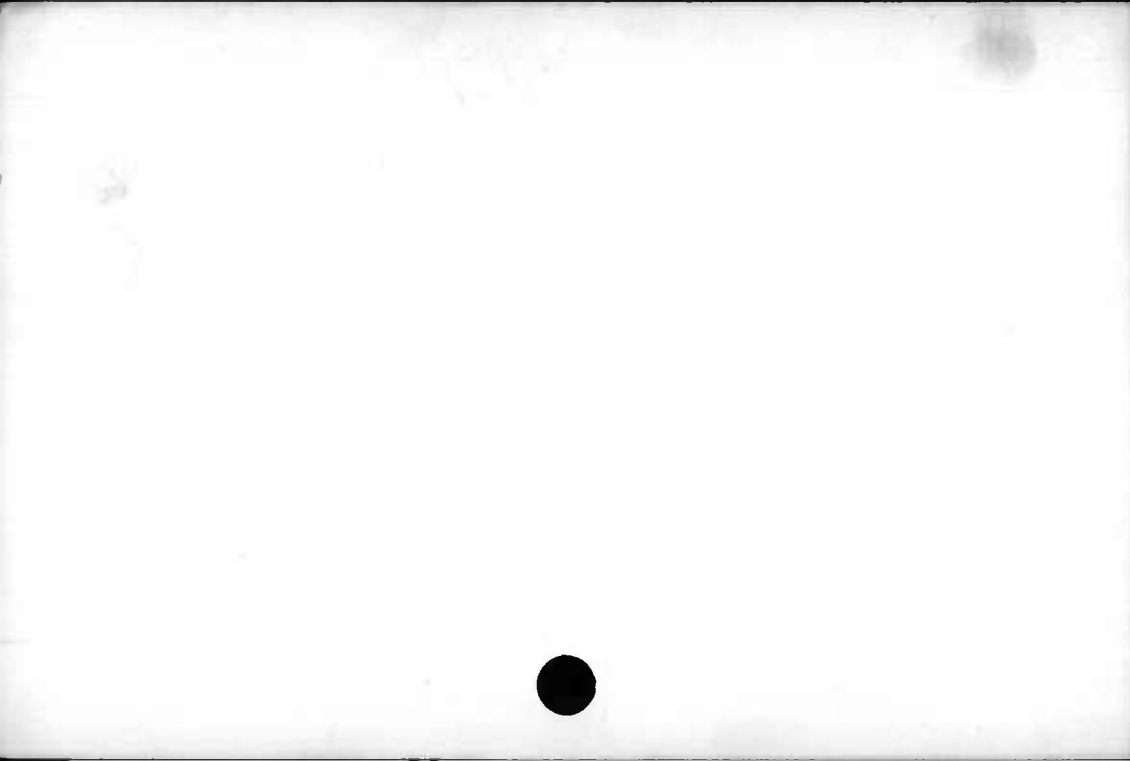
Primary Hemiplegia How long invalid

Immediate — How long One week

Are the name, age, sex, color, date and place correctly given above? Probably Signature of Physician R. L. Lathum M.D.

Address Church Creek, Md.

Accident or Suicide?



Name
in
Full

Thos. B. Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cape Land</i>		Town <i>Orchester</i>		County <i>Orchester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>2</i>	Age <i>74</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co Md.</i>				
Occupation <i>Joiner</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>		Name or Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>				
Name of person giving information <i>—</i>			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Paralysis of heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>R. J. Price M.D.</i>
	Address <i>Vienna Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name James Sampson ✓
Died at Cumby Town Brook County
Date of death 1903 Month Mar Day 15 Age 72 Years Months Days
Sex Male Color or Race Col Birth-place
Occupation Farmer Where Residing if not at place of death
Married, Single or Widowed Widower Name of Wife or Husband Maria Sampson
Father's Name Father's Birthplace
Mother's Maiden Name Mother's Birthplace
Name of person giving Information James Sampson 93 How related to deceased son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia How long 8 days
Immediate Heart Failure How long immediate
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician John Mear
Address Cumby
Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lloyds</i> Town		<i>Winchester</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>21</i>	Years <i>64</i>	Months <i>X</i>	Days <i>X</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Married</i>			Occupation <i>Carpenter</i>		
Name of Wife or Husband <i>Eliza J. Sapp</i>					
Father's Name <i>X</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>Geo A Seward</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach?</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S A Stokus</i>
	Address <i>R 48 #5 Cambridge Md</i>
Accident or Suicide?	



Name
in
Full

Henry P Shepherd ✓

CERTIFICATE OF DEATH

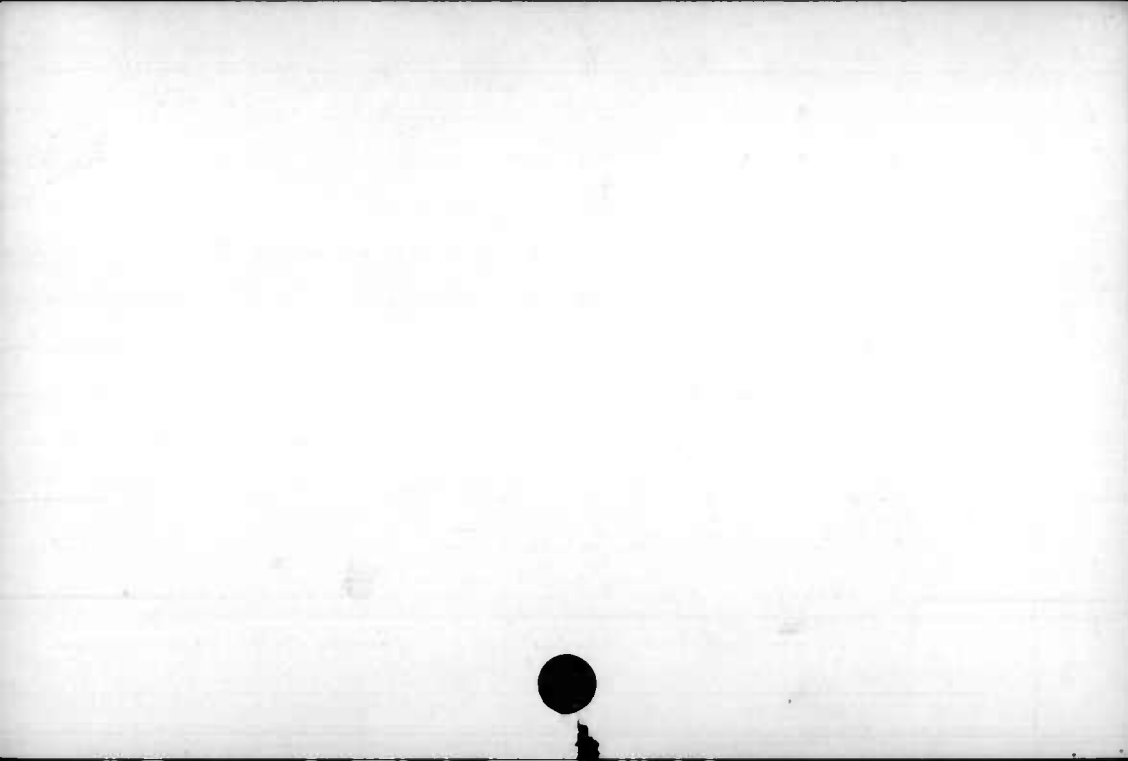
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtoge</u> Town			<u>Dorchester</u> County		MARYLAND	
Date of death 190 <u>3</u>		Month <u>Nov</u>	Day <u>13</u>	Age <u>38</u> Years	Months	Days
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Dorchester Co Md</u>		
Married, Single or Widowed <u>married</u>		Occupation <u>Clerk</u>				
Name of Wife or Husband <u>Isabel Barton</u>						
Father's Name <u>Calist L. Shepherd</u>				Father's Birthplace <u>Dorchester Co Md</u>		
Mother's Maiden Name <u>Elizabeth P. Patterson</u>				Mother's Birthplace <u>Dorchester Co Md</u>		
Name of person giving information <u>Mrs Egan Barry</u>				How related to deceased <u>sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Exhaustion of Liver</u>	How long <u>Some months</u>
Immediate <u>Heart Failure</u>	How long <u>A few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. M. Gilman</u>
	Address <u>Cumtoge Md</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Name in Full *Lorsey Short* ✓
 Died at *Secretary* Town *Archers* County *MARYLAND*

Date *1895* 11/28 Month Day
 Age *9* Y. *6* M. D. Native of *Ind.* Occupation *School Boy*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *0*

Husband of
 Wife
 Father's Name *John Short* Mother's Name *Elizabeth Short*

Cause of Death { Primary *Siphthorin Parake's* (12 days)
 Immediate *of Heart*
 How long sick
 Accident, Suicide, Homicide

Reported by *Dr. A. Sayers*
 Address *East River* (Marked Ind.)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mam Stanley ✓

CERTIFICATE OF DEATH

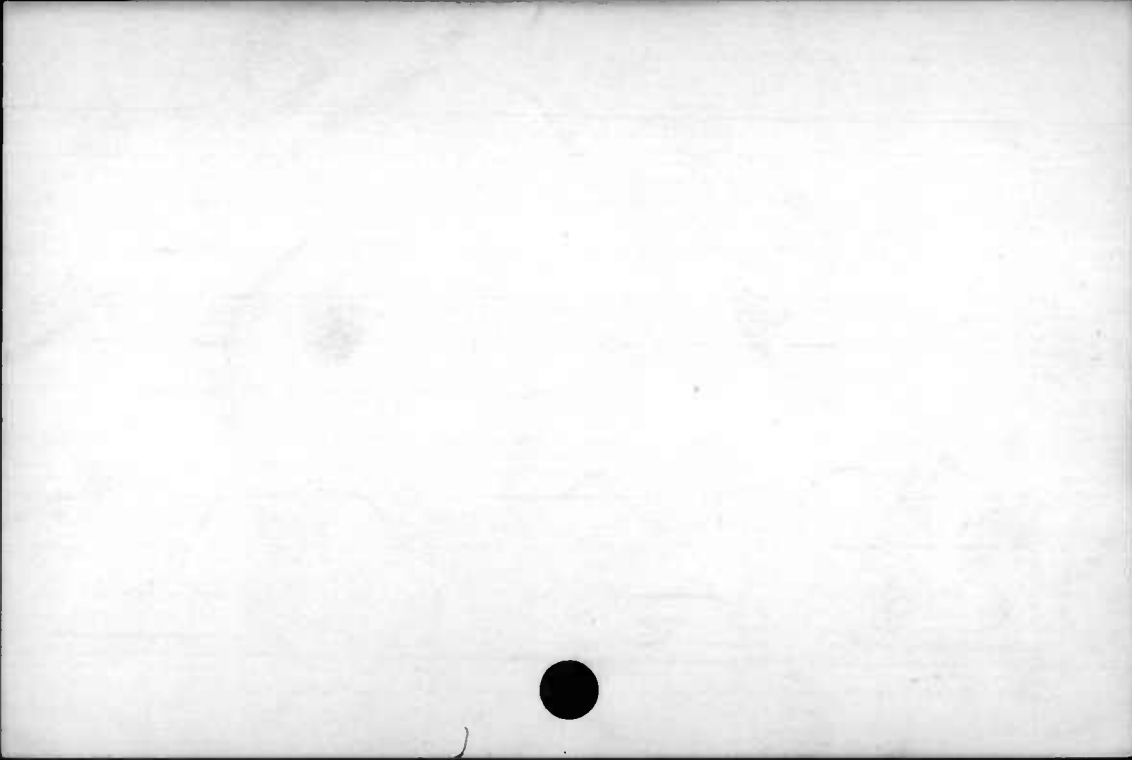
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death 1903	Month Nov.	Day 11.	Age 28	Months	Years	Days	
Sex Female	Color or Race Colored		Birth-place Maryland				
Married, Single or Widowed		Married		Occupation Domestic			
Name of Wife or Husband		David Stanley.					
Father's Name		Robert Thompson			Father's Birthplace Ind.		
Mother's Maiden Name		Catherine Blake			Mother's Birthplace Ind.		
Name of person giving information		David Stanley			How related to deceased Husband.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Phthisis	How long	8 months.
Immediate	Pulmonary Hemorrhage.	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Wilbur A. Drake M.D.	
Address		Cambridge Ind.	
Accident or Suicide?			



Name in Full Mrs May Stewart ✓		CERTIFICATE OF DEATH	
Died at Cauling ✓ Town		Dorchester County	
Date of death 190 3 Month Nov		Day 5	Years 73
Sex Female		Color or Race White	Birth-place Dorchester Co Md
Married, Single or Widowed Widowed		Occupation none	
Name of Wife or Husband Wm J Stewart			
Father's Name Dec. not known		Father's Birthplace 35	
Mother's Maiden Name Dorothy Moore		Mother's Birthplace Dorchester Co Md	
Name of person giving information Mrs Nellie Stewart		How related to deceased Daughter-in-law	
CAUSES OF DEATH			
Primary Old age - an senescence		How long Several years	
Immediate Exhaustion		How long A few days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr W. G. La. Torrey	
		Address Cum inge Ma	
Accident or Suicide?			

4-11-1919
Am. Soc.
2000

4-11-1919
Am. Soc.
2000



Name
in
Full

Odell B Todd

✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Doddville</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>Novemb</u>	Day <u>11</u>	Age <u>12</u> Years	Months <u>1</u>	Days <u>4</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Doddville</u>	
Occupation <u>Cyteman</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Odell Todd</u>		47		Father's Birthplace <u>Doddville</u>	
Mother's Maiden Name <u>Leanne Todd</u>				Mother's Birthplace <u>Doddville</u>	
Name of person giving Information <u>Parents</u>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Rheumatism</u>	How long <u>8 days</u>
Immediate <u>Pulmonary Embolism</u>	How long <u>about 20 min.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. Comang M.D.</u>
	Address <u>Windsor Street</u>
Accident or Suicide?	



Name in Full		Emma Graves				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Madison</u> <small>Town</small>		<u>Jurchester</u> <small>County</small>		MARYLAND		
	Date of death 1903	<u>Nov.</u> <small>Month</small>	<u>5th</u> <small>Day</small>	Age <u>12</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u></u> <small>Days</small>	
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Madison, Md.</u>			
	Married, Single or Widowed <u>Single</u>			Occupation <u>None</u>			
	Name of Wife or Husband <u>X</u>						
	Father's Name <u>Samuel Graves</u>			Father's Birthplace <u>Madison, Md</u>			
	Mother's Maiden Name <u>Matilda Burton</u>			Mother's Birthplace <u>Madison, Md</u>			
Name of person giving information <u>Matilda Graves</u>			How related to deceased <u>Mother</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Typhoid Fever</u>			How long <u>about 6 weeks</u>			
	Immediate			How long			
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>B. L. Smith M.D.</u>			
				Address <u>Madison Md</u>			
	Accident or Suicide?						



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CERTIFICATE OF DEATH

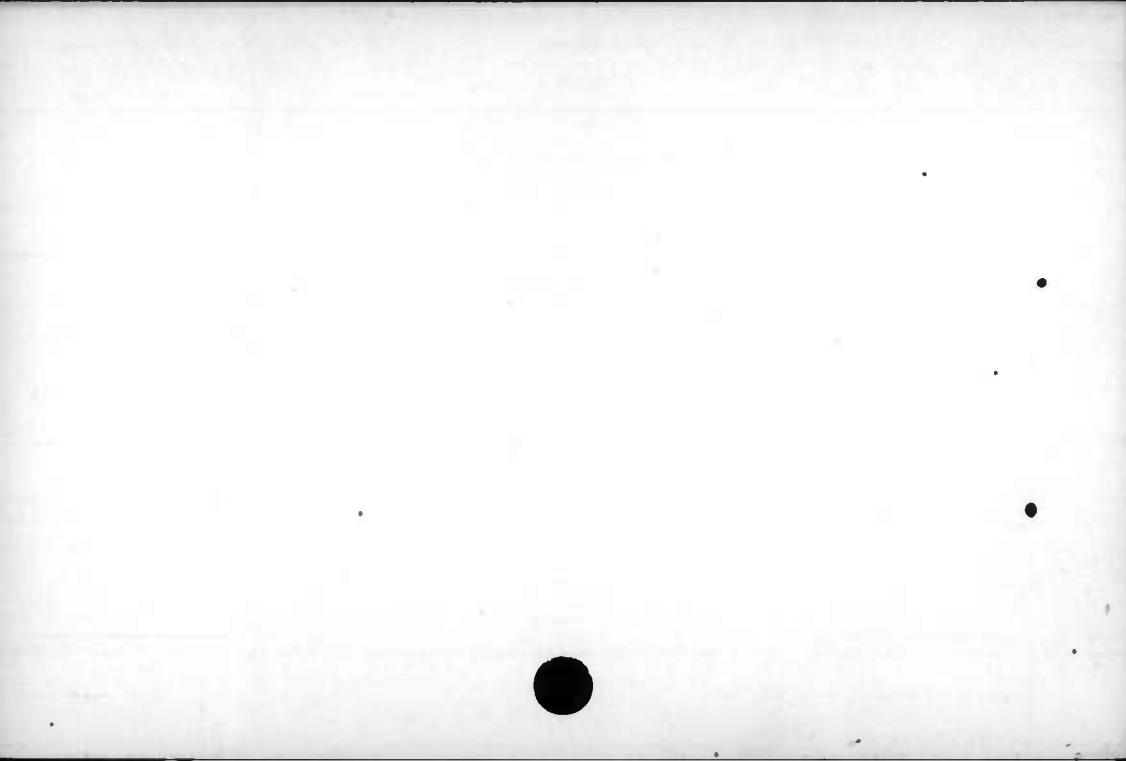
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambage</i> Town		<i>Dorchester</i> County		MARYLAND		
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>1</i>	Age	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Cambage, Md</i>			
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name <i>Jno W. Van</i>			Father's Birthplace <i>Dorchester, Md</i>			
Mother's Maiden Name <i>Annie Oak</i>			Mother's Birthplace <i>Balto. Md</i>			
Name of person giving information <i>Annie Van</i>			How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cyanosis</i>	How long <i>Several hours</i>
Immediate <i>Heart Failure</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B W G. L. Torrey</i>
	Address <i>Cambage, Md</i>
Accident or Suicide?	



Name
is
Full

Rebecca E. Vinton ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge <small>Town</small>		Worcester <small>County</small>		MARYLAND	
Date of death 1903	Nov <small>Month</small>	11 <small>Day</small>	Age 69 <small>Years</small>	10 - <small>Months</small>	13 <small>Days</small>
Sex Female	Color or Race white		Birth-place Sumner Co. Md.		
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband Mrs. P. Vinton				
Father's Name Sol. Robinson	Father's Birthplace Sumner Co. Md.				
Mother's Maiden Name Bradley	Mother's Birthplace Sumner Co. Md.				
Name of person giving Information Mrs. P. Vinton		How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Phthisis	How long 5 years
Immediate Ephautin	How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Harry Steele
	Address Cambridge Md.
Accident or Suicide?	



Name
in
Full

Sonis Wheatley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Brockton		MARYLAND	
Date of death	1904	Month Mar	Day 27	Age	Years 20	Months —	Days —
Sex	Male		Color or Race	Black		Birth- place	Ind.
Occupation	Laborer			Where Residing if not at place of death		Cambridge	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Wheatley					Father's Birthplace	Ind.
Mother's Maiden Name	dead					Mother's Birthplace	Ind.
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral		How long	Real time
Immediate	C		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address Cambridge	
Accident or Suicide?				

